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ROCKY MOUNTAIN SPOTTED FEVER IN MONTANA.

The State Health Officer of Montana reported that fourteen cases of Rocky Mountain spotted fever were notified in the State of Montana during the month of May, 1917. The distribution of the cases by counties is shown in the table on page 1044.

POLIOMYELITIS (INFANTILE PARALYSIS).

PREVALENCE AND GEOGRAPHIC DISTRIBUTION DURING 1916.

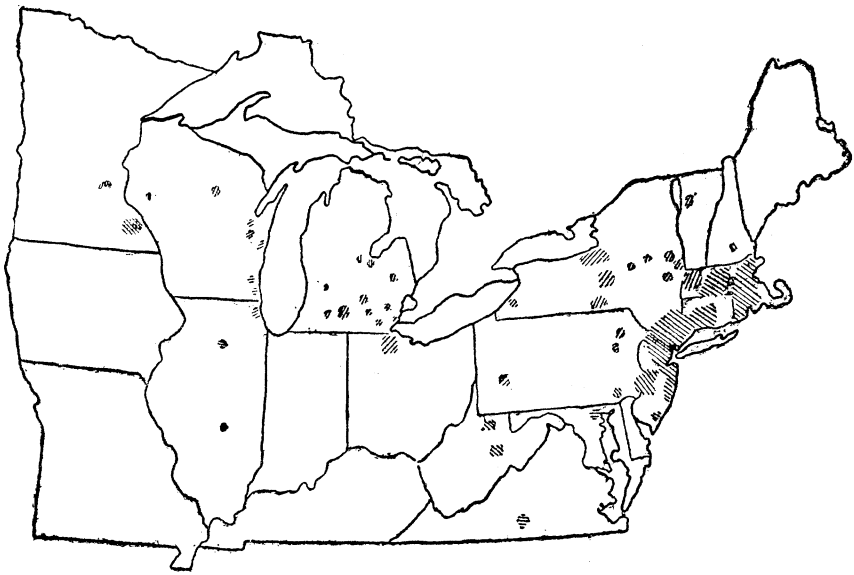
The year 1916 was one characterized by an unusual prevalence of poliomyelitis (infantile paralysis) throughout the United States. In many localities the disease became epidemic. Poliomyelitis has been with us for several decades, occasional cases being reported here and there throughout the country during all months of the year. There have usually been more cases in the summer than in the winter months.

The principal epidemic area last year comprised northern New Jersey, southeastern New York, and most of Connecticut, Massachusetts, and Rhode Island. Special interest in the disease was aroused about the 1st of July by its unusual prevalence in New York City.

The New York City epidemic began about the middle of June. Early in July increasing numbers of cases were being reported in Newark and Jersey City, N. J., and neighboring communities. By July 15 the disease was on the increase in Philadelphia, Pa.; Bridgeport, Conn.; Camden, N. J.; and Toledo, Ohio. By the 1st of August cases were being reported in Baltimore, Md.; Boston, Mass.; Chicago, Ill.; St. Paul and Minneapolis, Minn.; Providence, R. I.; Syracuse, N. Y.; and Trenton, N. J. The disease was at its height in July, August, and September. In December, after the disease had subsided elsewhere, an outbreak developed in the northeastern part of West Virginia with foci at Elkins, Grafton, and Fairmont.

The localities which were particularly invaded during 1916 are shown on the map below. Billings, Mont., which is not on the map, also had a considerable outbreak in proportion to its population.

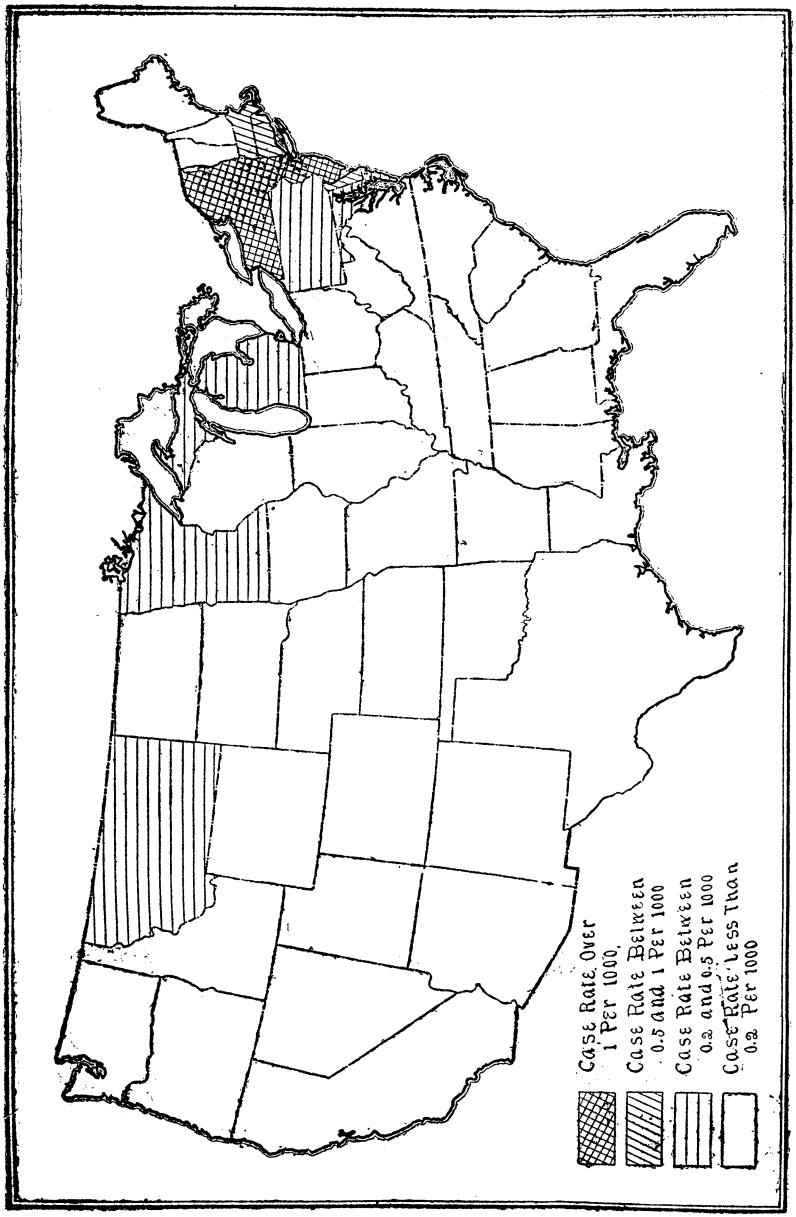
The table on page 1017 shows the number of cases reported monthly by States. It will be noted that a greater number of cases was reported during the first four months of the year in Virginia than in any other State. In a few of the States there was an increase in the occurrence of the disease during May and June but in most of the States the distinct increase began in July, and in Maine and Vermont not until August. The highest reported case rate for the year was in New Jersey, where there was a rate of 1.376 per thousand population. The next highest rate was that of New York State with



Shaded areas show localities particularly involved in the poliomyelitis epidemic of 1916.

a rate of a little under 1.3 per thousand population. Connecticut came next with a reported rate of 0.764 and Massachusetts with a rate of 0.518. Rhode Island was about as heavily infected as Connecticut and Massachusetts. Maryland, Michigan, Minnesota, Montana, and Pennsylvania had reported case rates of between 0.2 and 0.5 per thousand population. The other States in which records of the prevalence of the disease were kept had reported case rates of less than 0.2 per thousand.

The relative prevalence of the disease in the several States, based upon the number of cases in proportion to the population, is shown in the map on page 1015. The more densely shaded States represent those having the heaviest infection. The States without any shading whatsoever represent those in which the reported case rates were



The density of the shading shows the relative prevalence of poliomyelitis by States during 1916.

less than 0.2 per thousand population or in which the disease is not required to be reported and its prevalence is therefore unknown.

The numbers of cases reported in cities having over 100,000 population were given in the Public Health Reports of April 27, 1917, page 601. The following is a list of smaller cities in which 5 or more cases of the disease were reported, together with the number of cases:

From 50,000 to 100,000 population.—	
Atlantic City, N. J.	27
Bayonne, N. J.	44
Binghamton, N. Y.	7
Duluth, Minn.	6
Elizabeth, N. J.	71
El Paso, Tex.	5
Erie, Pa.	7
Evansville, Ind.	7
Flint, Mich.	44
Hoboken, N. J.	10
Holyoke, Mass.	117
Lancaster, Pa.	21
Malden, Mass.	46
Manchester, N. H.	18
Mobile, Ala.	10
New Britain, Conn.	28
Passaic, N. J.	8
Pawtucket, R. I.	13
Portland, Me.	5
Saginaw, Mich.	18
Schenectady, N. Y.	10
Somerville, Mass.	48
Troy, N. Y.	20
Utica, N. Y.	36
Wilkes-Barre, Pa.	6
Yonkers, N. Y.	140
From 25,000 to 50,000 population—	
Battle Creek, Mich.	34
Bay City, Mich.	25
Brookline, Mass.	21
Cedar Rapids, Iowa.	5
Chelsea, Mass.	8
Cranston, R. I.	12
Cumberland, Md.	5
Decatur, Ill.	15
East Orange, N. J.	56
Evanston, Ill.	8
Everett, Mass.	27
Fitchburg, Mass.	9
Green Bay, Wis.	8
Haverhill, Mass.	12
Hazleton, Pa.	7
Jackson, Mich.	9
Kalamazoo, Mich.	11
Kenosha, Wis.	7
From 25,000 to 50,000 population—Continued.	
Kingston, N. Y.	8
Lansing, Mich.	25
Lynchburg, Va.	20
McKeesport, Pa.	12
Medford, Mass.	20
Montclair, N. J.	32
Mount Vernon, N. Y.	54
Newport, R. I.	13
New Rochelle, N. Y.	125
Newton, Mass.	20
Norristown, Pa.	19
Orange, N. J.	82
Perth Amboy, N. J.	30
Pittsfield, Mass.	67
Quincy, Mass.	66
Roanoke, Va.	5
Salem, Mass.	8
Waltham, Mass.	28
Waterloo, Iowa.	5
West Hoboken, N. J.	36
From 10,000 to 25,000 population—	
Adrian, Mich.	6
Appleton, Wis.	8
Asbury Park, N. J.	26
Beverly, Mass.	24
Billings, Mont.	30
Bloomfield, N. J.	24
Burlington, Vt.	6
Coffeyville, Kans.	5
Dunkirk, N. Y.	6
Eau Claire, Wis.	5
Fulton, N. Y.	31
Greenville, S. C.	5
Greenwich, Conn.	46
Hackensack, N. J.	21
Harrison, N. J.	36
Ithaca, N. Y.	26
Johnstown, N. Y.	10
Kearny, N. J.	46
La Salle, Ill.	6
Long Branch, N. J.	25
Manitowoc, Wis.	6
Middletown, N. Y.	18
Morristown, N. J.	6
North Adams, Mass.	38

From 10,000 to 25,000 population—Continued.		From 10,000 to 25,000 population—Continued.	
Northampton, Mass	22	Southbridge, Mass	5
Ossining, N. Y	23	Wausau, Wis	8
Oswego, N. Y	59	Webster, Mass	5
Peekskill, N. Y	16	Westfield, Mass	14
Plainfield, N. J	45	West New York, N. J	47
Plymouth, Pa	5	West Orange, N. J	40
Pontiac, Mich	9	White Plains, N. Y	45
Salem, Oreg	7	Winona, Minn	38
Saratoga Springs, N. Y	9	Woburn, Mass	6

Cases of poliomyelitis reported by States, 1916.

State.	Jan. 1 to Apr. 30.	May.	June.	July.	August.	September.	October.	November.	December.	Total cases.	Case rate per 1,000 population.
Alabama	4	3	8	77	65	13	8	4	4	186	0.080
Arizona	1	.....	.....	1	1	1	2	.....	.....	6	.023
California	14	2	4	12	19	14	21	25	21	132	.045
Colorado	1	.....	1	2	2	4	6	.....	.....	16	.017
Connecticut	8	1	4	165	367	274	91	30	11	951	.764
District of Columbia	1	1	.....	8	18	6	5	.....	.....	39	.107
Indiana	.....	1	1	25	38	64	57	16	5	207	.073
Iowa	8	.....	4	32	86	66	32	25	6	259	.117
Kansas	5	.....	2	12	23	21	26	8	6	103	.056
Louisiana	18	3	6	25	9	5	3	5	3	77	.042
Maine	.....	.....	.....	.....	15	56	42	30	6	149	.193
Maryland	5	.....	.....	10	65	103	121	43	5	352	.258
Massachusetts	16	4	10	106	252	622	701	179	36	1,926	.518
Michigan	16	4	7	62	183	195	101	29	19	616	.202
Minnesota	6	9	19	232	337	193	90	19	4	[1] 909	.399
Mississippi	36	36	57	59	31	14	10	8	18	269	.138
Montana	.....	.....	1	11	28	33	13	6	2	94	.205
New Jersey	7	2	4	647	2,126	964	258	41	6	4,055	1.376
New York	30	16	345	4,054	5,773	2,201	643	122	39	13,223	1.287
Ohio	31	2	7	100	172	147	62	18	7	546	.106
Oregon	2	.....	.....	.....	.....	5	26	4	1	38	.045
Pennsylvania	10	3	9	120	747	804	379	83	26	2,181	.256
South Carolina	1	1	.....	20	58	24	13	6	.....	123	.076
Texas	.....	.....	6	22	25	19	6	1	7	86	.019
Vermont	5	.....	1	.....	11	20	22	2	3	64	.176
Virginia	51	28	11	24	44	64	48	46	14	330	.151
Washington	1	.....	1	5	2	12	5	2	2	30	.020
West Virginia	7	.....	.....	5	13	18	18	4	17	[1] 82	.059
Wisconsin	3	.....	.....	20	174	163	87	19	9	475	.190
Wyoming	.....	.....	.....	.....	2	3	.....	1	1		.039

[1] The health officer states that cases are known not to be completely reported.

CHEMICAL CLOSETS.

Health officers in small towns and rural communities are frequently confronted with the question as to whether the so-called "chemical closets" which have appeared on the market during the past few years can be considered to be satisfactory from a sanitary point of view. A brief statement at this time of their advantages and limitations is therefore desirable.

A chemical closet is one whose primary object is the chemical disinfection of excreta. This is accompanied by more or less liquefaction according to the nature of the chemical used. The result is accomplished by the introduction into the receiving can, tank, or